

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015388

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2171

FILED MAY 7 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN OVERLAND PARK	
Length of stay in 1b 53 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.		d. STREET ADDRESS (If outside, give location) 7401 BEVERLY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First REA Middle E. Last OWENS	4. DATE OF DEATH Month APRIL Day 18 Year 1962
--	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-17-95	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL BUSINESS * RETIRED Owner	10b. KIND OF BUSINESS OR INDUSTRY MOOREVILLE, MISSOURI	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	---	--

13a. FATHER'S NAME JOSEPH K. OWENS	13b. MOTHER'S MAIDEN NAME LAURA BURNETT	14. NAME OF HUSBAND OR WIFE LAURA E.
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Laura Owens, 7401 Beverly Road Official Records VA Hospital, K.C., Mo.
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Suppurative pyelonephritis left
	DUE TO (c) Carcinoma of bladder with metastases, cutaneous

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ureterostomies	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour 7:25 a.m. A.M. Month, Day, Year 2-22-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION Fort Leavenworth	COUNTY Kansas	STATE Kansas
--	--	---	---	-------------------------	------------------------

21. attended the deceased from 2-22-62 to 4-18-62 Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE S. H. CHOY	22b. ADDRESS M.D., VA Hospital, K.C., Mo.	22c. DATE SIGNED 4-18-62
--	-------------------------------------	---	------------------------------------

23a. BURIAL, CREMATION, (REMOVAL specify) Burial	23b. DATE Apr. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Fort Leavenworth Kansas
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Mission, Kansas	25. DATE RECD. BY LOCAL REG. 4-19-62	26. REGISTRAR'S SIGNATURE Ruth Long
--	--	---

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1
28 150

3

4 0

5 1

6

7 0

8 1

9 1810

10

11

12 76-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Hight

Licensed Embalmer No. 4914

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.